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Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/23/03.

I. DISPUTE

Whether there should be additional reimbursement for L3670.

II. FINDINGS

The respondent reduced payment based on "F- If reduction, then processed according to the Texas Fee Guideline" and "M-In order to review this charge we need a copy of the cost to the provider".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR\$	REFERENCE	RATIONALE:
01/28/03	L3670	\$450.00	\$201.60	F,M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$248.40 is recommended
Totals							The Requestor is entitled to reimbursement of \$248.40.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$248.40**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$248.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

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The above Findings, Decision and Order are hereby issued this 28th day of May 2004

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Laura L. Campbell Medical Dispute Resolution Officer Medical Review Division

LLC/llc